

**U.S. Department of Education**

**Staff Report  
to the  
Senior Department Official  
on  
Recognition Compliance Issues**

<b>RECOMMENDATION PAGE</b>
----------------------------

1. **Agency:** American Physical Therapy Association (1977/2007)  
(The dates provided are the date of initial listing as a recognized agency and the date of the agency's last grant of recognition.)
2. **Action Item:** Petition for Continued Recognition
3. **Current Scope of Recognition:** The accreditation and preaccreditation ("Candidate for Accreditation") in the United States of physical therapist education programs leading to the first professional degree at the master's or doctoral level and physical therapist assistant education programs at the associate degree level and for its accreditation of such programs offered via distance education.
4. **Requested Scope of Recognition:** Same as above.
5. **Date of Advisory Committee Meeting:** December, 2012
6. **Staff Recommendation:** Continue the agency's current recognition and require the agency to come into compliance within 12 months, and submit a compliance report that demonstrates the agency's compliance with the issues identified below.
7. **Issues or Problems:** It does not appear that the agency meets the following sections of the Secretary's Criteria for Recognition. These issues are summarized below and discussed in detail under the Summary of Findings section.
  - The agency must demonstrate how it effectively applies clear and effective controls against conflicts of interest for its administrative staff. [§602.15(a)(6)]
  - The agency must provide its written process and procedures for the

overall review of programs offered via distance education. It must also provide documentation to demonstrate the evaluations of distance education programs by the commission. [§602.16(b)(c)]

-- The agency must provide documentation of the review process used to demonstrate that it effectively monitors overall growth in its programs. [§602.19(c)]

-- The agency must provide documentation that it enforces its timeframes for compliance and initiates an adverse action should the program fail to bring itself back into compliance with the standards within the timeframe. [§602.20(a)]

-- The agency must demonstrate that it takes immediate adverse action if a program does not bring itself into compliance after a good cause extension. [§602.20(b)]

-- The agency must demonstrate implementation of its policy of same time notification to a program and all the entities required by this section no later than 30 days after the agency makes the negative decision. [§602.26(b)]

-- The agency must provide evidence of a program's official comments along with the agency's brief statement regarding the negative decision, and that those comments were provided to the entities listed in this section no later than 60 days after the decision. [§602.26(d)]

## **EXECUTIVE SUMMARY**

### **PART I: GENERAL INFORMATION ABOUT THE AGENCY**

The American Physical Therapy Association (APTA) is a professional association of more than 80,000 physical therapists, physical therapy assistants, and students of physical therapy. The Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (AOTA) is a programmatic accreditor. CAPTE membership is voluntary and its principal purpose is to accredit higher education programs. CAPTE accredits and preaccredits physical therapist (PT) education programs leading to the first professional degree at the master's or doctoral level and physical therapist assistant (PTA) education programs at the associate degree level.

CAPTE accreditation of PT and PTA programs is required for access to the Scholarships for Disadvantaged Students (SDS) Program which was established via the Disadvantaged Minority Health Improvement Act of 1990, Section 737 of the Public Health Service Act. As a programmatic, non-Title IV eligible accreditor, CAPTE is not required to meet the separate and independent requirements in the Secretary's Criteria for Recognition.

CAPTE currently accredits 202 PT programs, 274 PTA programs, and 74 preaccredited ("developing") programs throughout the United States, the District of Columbia, and its territories. In addition to the U.S. programs, the agency also recognizes PT programs in Canada and the United Kingdom, although these programs are outside the scope of the agency's recognition by the Secretary.

### **Recognition History**

The Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA) was first recognized by the Secretary in 1977. In 1985, the Secretary granted an expansion of scope to the agency to include the preaccreditation ("Candidate for Accreditation" status) of programs for the physical therapist and physical therapist assistant. The agency has been periodically reviewed and continued recognition has been granted after each review. The agency has evaluated programs offering courses using distance education methodology since 1994 and 1997 for the PT and PTA programs, respectively, and has been included within its scope since July 2002.

CAPTE was last reviewed for continued recognition at the Fall 2006 National Advisory Committee on Institutional Quality and Integrity (NACIQI or Committee)

meeting. At that meeting, the Committee recommended and the Secretary concurred that the agency's recognition be renewed for five years.

In conjunction with the current review of the agency's renewal petition and supporting documentation, Department staff conducted an observation of a commission meeting in April and May of 2012.

## **PART II: SUMMARY OF FINDINGS**

### **§602.15 Administrative and fiscal responsibilities**

**The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition.**

**The agency meets this requirement if the agency demonstrates that--**

**(a) The agency has--**

**(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's--**

- (i) Board members;**
  - (ii) Commissioners;**
  - (iii) Evaluation team members;**
  - (iv) Consultants;**
  - (v) Administrative staff; and**
  - (vi) Other agency representatives; and**
- 

The agency has identified several mechanisms within its processes and procedures that it uses to control against conflict of interest. The agency provided documentation that it has policies and procedures in place to control against perceived or actual conflicts of interest by its commissioners.

The agency has provided evidence that recusal is used effectively by CAPTE as a mechanism against perceived or actual conflicts of interest. Department staff observed the use of recusal during its meeting in April 2012. In addition, the agency provided a signed acknowledgement by a new commissioner of CAPTE's conflict of interest policy.

For on-site evaluations, the agency indicates that it confers with the program (twice) and potential site visitors to avoid perceived or actual conflicts of interest; however the agency did not provide documentation of this process to demonstrate effective application of its policy.

The agency's policy includes examples of conflicts of interest that are commonly encountered. Although the agency stated that the policy is applicable to the entities listed in this section, it has not provided evidence of its application of the policy for all the entities listed, specifically appeals panel members, consultants, administrative staff, and other agency representatives, as an effective control against conflicts of interest.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate how it effectively applies clear and effective controls against conflicts of interest for all entities identified under the requirements of this section.

### **Analyst Remarks to Response:**

In response to the draft staff analysis, the agency provided documentation of its process to avoid perceived or actual conflicts of interest for its on-site visits and to demonstrate effective application of its policy.

With regards to the appeals panel, the agency provided its amended rules to clarify the conflict of interest policy that would be applied to these individuals. As the agency has not convened an appeals panel since 1999, the agency cannot provide documentation to demonstrate implementation of this policy.

The agency states that there are no consultants or other agency representatives involved in its accreditation process, therefore the agency has demonstrated application of its conflict of interest policy for the entities required by this section.

Although the agency again stated that the conflict of interest policy is applicable to administrative staff and indicated that it is aware of two current conflicts, the agency's conflict of interest policy does not address administrative staff and the agency did not provide any information or documentation as to how the agency determines a real or perceived conflict or how administrative staff members are apprised and trained on the conflict of interest policy.

---

### **§602.16 Accreditation and preaccreditation standards**

**(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if -**

- **(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:**
    - (b) If the agency only accredits programs and does not serve as an institutional accrediting agency for any of those programs, its accreditation standards must address the areas in paragraph (a)(1) of this section in terms of the type and level of the program rather than in terms of the institution.**
    - (c) If the agency has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education or correspondence education, the agency's standards must effectively address the quality of an institution's distance education or correspondence education in the areas identified in paragraph (a)(1) of this section. The agency is not required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence education;**
-

Distance education is included within the scope of recognition for the agency, and the agency states that it applies all of the evaluative criteria equally to programs offered residentially and via distance education. The evaluative criteria and CAPTE position papers are sufficiently specific in identifying the agency's expectations in all areas related to the establishment and maintenance of programs offered via distance education. The agency's definition of distance education is in accord with the regulatory definitions.

The agency states that it assesses distance education programs in conjunction with its accreditation review of programs. One of the examples provided (PT SSR VRIC SOA in Section 602.17(c) & (f)) includes a PT program that indicates that a portion of it is offered via distance education; however there was no indication in the site visit report or summary of actions that the distance education mode of delivery was reviewed and evaluated.

Although the agency provided documentation of training to site visitors regarding programs offered via distance education, the agency did not provide information or documentation that those programs are evaluated by qualified individuals.

Although the agency provided blank annual accreditation reports, the agency did not provide any examples or documentation of the submission and evaluation of distance education programs by site visitors and the commission, as well as the process and procedures for the overall review of programs offered via distance education. Of particular concern is the statement by the agency that "when programs use distance education to provide a significant portion of the curriculum, staff make every effort to assign at least one team member familiar with its use." This statement does not demonstrate that there are effective policies and procedures in place for the evaluation of programs offered by distance education.

The agency's recognition has been for distance education, which formerly included correspondence education. However, because there are now separate definitions of the two delivery modes, agencies are required to indicate whether they wish to include both distance education and correspondence education in their scope. Should the agency wish to include correspondence education within its scope of recognition, it must so state in its narrative for this section and provide documentation of its evaluation of correspondence education.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it effectively reviews and evaluates programs offered via distance education against the agency's standards.

#### **Analyst Remarks to Response:**

This criterion applies to all agencies which have or seek to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education. And, specifically, the agency's standards must effectively address the quality of distance education in the areas identified in paragraph (a)(1) of this section.

The primary issue raised in the draft staff analysis was that the agency did not demonstrate that it effectively reviews and evaluates programs offered via distance education against the agency's standards. As the agency previously stated and the Department understood, no programs accredited by CAPTE are offered wholly via distance education. However, the agency did not provide sufficient information or documentation of its effective review and evaluation of the education that is offered via distance education.

In response to the draft staff analysis, the agency provided a site visit report to demonstrate that the distance education mode of delivery was reviewed and evaluated by site visitors. However, the agency still has not provided any examples or documentation of the evaluation of distance education programs by the commission, nor the process and procedures for the overall review of programs offered via distance education. Although the agency states in its narrative that the minimum expectation is that at least one site visitor would be qualified to review the distance education mode of educational delivery, the agency did not provide documentation of this policy, which further indicates that the agency does not have effective policies and procedures in place for the evaluation of programs offered by distance education.

The Department acknowledges that the agency does not wish to include correspondence education within its scope of recognition.

---

**§602.19 Monitoring and reevaluation of accredited institutions and programs.**

**(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect headcount enrollment data from those institutions or programs.**

---

The agency monitors overall growth of its programs and collects headcount enrollment data from those programs via the annual accreditation report. Specifically, the agency's annual accreditation report requires each program to provide the total enrollment and graduates from the reporting period.

However, the agency provided a blank copy of the annual accreditation report and a blank request for additional information by CAPTE regarding enrollment, and therefore the agency did not demonstrate that it collects headcount enrollment data annually, nor document the agency's review process to monitor overall growth.



Staff determination: The agency does not meet the requirements of this section. It must provide documentation to demonstrate that it collects headcount enrollment data annually and of its review process to monitor overall growth.

#### **Analyst Remarks to Response:**

In response to the draft staff analysis, the agency provided documentation to demonstrate that it collects headcount enrollment data annually. Specifically, the agency provided the data collected from the annual accreditation reports for both the PT and PTA programs to demonstrate that it collects headcount enrollment data annually.

The agency stated that programs must describe any effect of enrollment changes on the program in the annual accreditation report and provided evidence of that submission within the PT and PTA annual accreditation report data. However, a program's self-reporting of enrollment changes and their effects does not demonstrate implementation of the agency's review process nor that the agency effectively monitors overall growth.

---

#### **§602.20 Enforcement of standards**

**(a) If the agency's review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must--**

**(1) Immediately initiate adverse action against the institution or program; or**

**(2) Require the institution or program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed--**

**(i) Twelve months, if the program, or the longest program offered by the institution, is less than one year in length;**

**(ii) Eighteen months, if the program, or the longest program offered by the institution, is at least one year, but less than two years, in length; or**

**(iii) Two years, if the program, or the longest program offered by the institution, is at least two years in length.**

---

This criterion requires that an agency either initiate immediate adverse action or allow a program a timeframe to come into compliance with its standards and requirements. The agency has a written policy within its rules (part 8) that meets the requirements of this section.

Although the agency provided examples of summary of action reports for programs, the reports were not for programs with noted deficiencies and that were given a limited time period to return to compliance. In addition, the agency

did not provide documentation to demonstrate that it enforces the timeframes, as no evidence was provided of the action should a program bring itself fully back into compliance, or initiate an adverse action should the program fail to do so, within the timeframe.

Staff determination: The agency does not meet the requirements of this section. It must provide documentation that it enforces its timeframes for compliance and initiates an adverse action should the program fail to bring itself back into compliance with the standards within the timeframe.

#### **Analyst Remarks to Response:**

In response to the draft staff analysis, the agency revised its rules concerning the effective date for adverse actions as related to accreditation decisions. However, Department staff noted in the draft staff analysis that the agency's policies met the requirements of this section.

What was not documented by the agency in the draft staff analysis or in the current response was that it enforces its policy. Specifically, the agency did not provide examples of programs with noted deficiencies that were given a limited time period to return to compliance, nor did the agency demonstrate that those same programs either brought themselves back into compliance within the specified timeframe or that the agency initiated adverse action when a program failed to do so.

---

**(b) If the institution or program does not bring itself into compliance within the specified period, the agency must take immediate adverse action unless the agency, for good cause, extends the period for achieving compliance.**

---

The agency has a written policy to address extensions for good cause, which includes criteria to be considered for a good cause extension and indicates the maximum duration of two years. The agency stated that the good cause extension time limit was recently adopted.

Although the agency provided examples of notification to programs of the good cause criteria, it did not provide documentation of its use of good cause extensions or to demonstrate that the agency takes immediate adverse action if the program does not bring itself into compliance after a good cause extension.

Based on information included in the narrative, it appears the agency previously used the good cause extensions on a regular basis for programs that fail to demonstrate compliance with the evaluative criteria within the specified timeframe. The Department expects that good cause extensions are granted infrequently and judiciously.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that the agency takes immediate adverse action if the program does not bring itself into compliance after a good cause extension.

### **Analyst Remarks to Response:**

In response to the draft staff analysis, the agency provided its revised rules and additional information to demonstrate that it uses its good cause extensions infrequently and judiciously. Specifically, the agency provided data it collected concerning its accreditation reviews and enforcement of its standards. The information includes the number of programs granted a good cause extension versus the total number of programs cited for areas of noncompliance.

However, the agency did not provide any documentation to demonstrate implementation of its enforcement policy. Within the initial petition submission, the agency provided examples of notification to programs of the good cause extension consideration criteria. However, neither in the initial submission nor response to the draft staff analysis has the agency provided documentation of its use of good cause extensions or demonstrated that it takes immediate adverse action if the program does not bring itself into compliance after a good cause extension.

---

### **§602.26 Notification of accrediting decisions**

**The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--**

**(b) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:**

- (1) A final decision to place an institution or program on probation or an equivalent status.**
  - (2) A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program;**
  - (3) A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (b)(2) of this section;**
-

The agency's rules require it to provide written notice to the Secretary, appropriate state higher education regulatory agencies and licensing boards, and appropriate regional and specialized accrediting agencies no later than 30 days after the negative accreditation decision is made. This policy does not meet the requirements of this section. The notification is not limited to regional and specialized accrediting agencies, but must include appropriate accrediting agencies, which could include national accrediting agencies. In addition, there is no indication that this notification occurs at the same time as the program is notified.

Although the agency provided documentation (in Section 602.26(a)) of notification of its negative accreditation actions no later than 30 days after the decision was made, the example provided does not demonstrate that the notification occurs at the same time as the program.

Staff determination: The agency does not meet the requirements of this section. It must amend its policy to notify the entities required by this section at the same time as the program and must provide documentation of implementation of such a policy. The agency must also amend its policy to provide written notice to the appropriate accrediting agencies after it makes a negative accreditation decision.

#### **Analyst Remarks to Response:**

In response to the draft staff analysis, the agency amended its rules to meet the requirements of this section. Specifically, the agency's policy includes the requirement that it notify the entities required by this section at the same time as the program, and that written notice must be made to the appropriate accrediting agencies after it makes a negative accreditation decision. However, the agency did not provide documentation to demonstrate implementation of its same time notification to a program and all the entities required by this section no later than 30 days after the agency makes the negative decision.

---

**((d) For any decision listed in paragraph (b)(2) of this section, makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency's decision and the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment; and**

---

The agency's policies and procedures regarding the rationale of negative accreditation decisions meet the requirements of this section.

In Section 602.18(e), the agency provided a CAPTE action letter of denial, but that example does not demonstrate notification to a program of its opportunity to

provide comments regarding a negative accreditation decision. However, the CAPTE action letter provided in Section 602.28(d) of probation includes the notification of the opportunity to provide comments regarding the negative accreditation decision. The agency must demonstrate that it consistently includes such a notification.

In addition, the agency did not provide documentation to demonstrate that it provides a brief statement summarizing the reasons for its negative accreditation decision and a program's official comments (or evidence that it was provided an opportunity to provide official comments) to the Department, appropriate state licensing or authorizing agency, and the public no later than 60 days after the decision.

Staff determination: The agency does not meet the requirements of this section. It must demonstrate that it consistently notifies a program of its opportunity to provide comments regarding a negative accreditation decision. The agency must also provide evidence of a program's official comments along with the agency's brief statement regarding the negative decision, and that those comments were provided to the entities listed in this section no later than 60 days after the decision.

#### **Analyst Remarks to Response:**

In response to the draft staff analysis, the agency provided documentation of the agency's statement concerning a negative accreditation decision and the program's comments, which are both dated within 60 days of the decision. However, the agency did not provide documentation that this statement and comment were provided to the entities listed in this section no later than 60 days after the decision.

### **PART III: THIRD PARTY COMMENTS**

#### **Staff Analysis of 3rd Party Written Comments**

There is no Staff Analysis of 3rd Party Written Comments